SHARE-NW: Solutions in Health Analytics for Rural Equity across the Northwest

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October 8, 2018
Project Overview

- **When:** 5-year grant, July 1, 2017 - June 30, 2022
- **Where:** 70 rural health jurisdictions in AK, OR, WA, & ID
- **How:** Training, learning communities, data visualizations, technical assistance
Goals

1. Provide data for decision-making
2. Improve access to data
3. Increase capacity for data use and data-driven decision-making

To address health disparities in rural communities
Rural LHDs in OR
What We’ve Done

• Identified Partners and Equity Advisory Committee

• Evaluation
  – Identified health disparities and priorities; data sources; gaps in capacity; and training needs
  – Assessed capacity for and use of data visualizations
  – Methods
    • Key informant interviews
    • Analysis of CHAs and CHIPs
    • Training evaluation surveys

• Training
  – Data in decision-making (WA, ID, and OR)
Goal 1 (Year 1)
Identify 3-6 of the highest priority gaps in capacity for data-driven decision-making to address SDOH
Methodology

25 Key Informant Interviews

- 30-45 minute semi-structured telephone interviews
- “What are the challenges or barrier to accessing or using those data sources [you would like greater access to in order to better understand the health disparities in your jurisdiction]?”

Interviews per State (n=25):

- Washington: 9
- Idaho: 6
- Oregon: 5
- Alaska: 5
Limited Access

Description

• Difficult to know where data are because they are scattered in different places

• Data are not in easily usable formats

Possible Solutions

• Create dashboard that incorporate multiple data sources

https://phastdata.org/viz/immunizations
Data are Unavailable

Description

• Data don’t exist
• Units of data are not granular enough to understand communities

Possible Solutions

• Training to collect data
• Training to use available data creatively
To be useful, data needs to be useable in local programs.

Data that focuses exclusively on community wide issues or are geared toward Community Health Assessment are not useable by the majority of public health staff.

Identify ways to incorporate data to improve individual services or programs on a daily basis.
Data Quality

Description
• Data are not accurate or reliable
• Data are out of date
• Small numbers

Possible Solutions
• Motivate better data collection through data use
• Training to evaluate data and its utility
• Training to evaluate when data are “good enough”
• Training about alternative sources of data: e.g. community voices, professional experience, etc.
Limited Capacity for Data Use

Description
- Staff and funding are more limited in rural areas compared to urban areas
- Limited knowledge, skills, and understanding of data applicability

Possible Solutions
- Training on how to lead community conversation about data
- Training on how to navigate and use a data dashboard
- Partner with County Health Ranking & Roadmaps (CHRR) coaches
Heterogeneity of Rural Jurisdictions

Description

• Tribal areas are unique compared to other jurisdictions

• Comparisons are difficult because of varying jurisdiction size and characteristics

Possible Solutions

• Training to compare data with peers

• Training about alternative sources of data: e.g. community voices, professional experience, etc.
Address & Identify Health Inequities

Description

• Limited understanding of health disparities

• Lack of data use to address health disparities

Possible Solutions

• Training to include equity lens in their decision-making
What’s Coming this Year

- Collect available data based on needs identified in KII's
- Develop preliminary interactive data dashboard
- Identify and curate relevant trainings

Focusing on

Social determinants of health
We want your input!
See sign-up sheet for more information or E-mail

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